

United States District Court

DISTRICT OF

Massachusetts

Michael F. Erali II

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER:

04-cv-30241-
MAP

Town of Orange

TO: (Name and address of defendant)

Town of Orange - Nancy Blackmer clerk
6 Prospect St
Orange, MA 01364

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Suzanne Garraw
Heisler Feldman & McCorvick, P.C.
1145 Main St Ste 308
Springfield, MA 01103

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

DATE

3/8/05

(BY) DEPUTY CLERK

Michael Erali II

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me¹

DATE

2/1/2005

NAME OF SERVER (PRINT)

Suzanne Garon

TITLE

Attorney

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____☒ Other (specify): served pursuant to Massachusetts Rules + Federal Rules

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

Date

3/17/2005

Signature of Server

Harold Feldman + McCormick
Address of Server 1145 Main St, Suite 508
Sofia

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Suzanne Garrow
Heisler, Feldman+McCormick
1145 Main St, Ste 508
Springfield, MA 01103

06



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Linda Kennedy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Nancy Blackmer</i> <i>Town Clerk-Orange</i> <i>6 Prospect St</i> <i>Orange, MA 01364</i>		B. Received by (Printed Name) C. Date of Delivery <i>JSR</i> <i>5/11/2005</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 2410 0004 4640 7146	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540